

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10159

318

1003

2670

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>4 days</u>				d. STREET ADDRESS (If rural, give location) <u>1434a Granville Pl</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				e. DATE OF DEATH (Month) (Day) (Year) <u>3-20-50</u>			
3. NAME OF DECEASED (Type or Print) <u>JENNIE</u>		a. (First)		b. (Middle)		c. (Last) <u>BERGER</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>Abt. 78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		13a. FATHER'S NAME <u>Yeckaskal Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Frima</u>		14. NAME OF HUSBAND, OR WIFE <u>Late Max Berger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Feldman</u> ADDRESS <u>1434a Granville</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis & Hypertension</u> <u>Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - general</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>4200</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-16, 1950</u> , to <u>3-20, 1950</u> , that I last saw the deceased alive on <u>3-19, 1950</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edmond J. Berger</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>457 N. Humphreys</u>		23c. DATE SIGNED <u>3-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chevrah Kadisha</u>		24d. LOCATION (City, town, or county) (State) <u>City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henharder</u>		ADDRESS <u>5010 Enright</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

B. B. Bunch

Licensed Embalmer No. *3669*

P. O. Address *5000 E. Wright*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.